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PEOPLES throughout the world are waking up to the fact that good health is their right, and their demands for wider and improved health services have shaken us out of our complacency and have forced changes in outmoded systems of health services. Nursing has been caught up, too, in this demand for better care. Much of the progress in nursing

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in the past 10 years has been effected by the nurses themselves, but no small part is due to the demands and the push from society.

How can the progress of nursing be demonstrated and evaluated? Would it give you a true picture if I listed the newly established schools of nursing in the Middle East, the Far East, and in Latin America? Would it help you to know that many more girls are entering nursing than at any other time in history? Would the picture be clearer if you knew that more nurses' associations have become members of the International Council of Nurses? I could describe other items of a more or less

statistical nature that have a bearing on the progress of nursing, but of more importance are certain events with significant implications which more clearly mark the progress of nursing in the past decade.

Nurses Recognized As Essential

Of a tangible nature is the establishment of the World Health Organization and the technical assistance programs of the United States Government and of the Colombo Plan, to mention a few. These are things we see and read about and provide funds for. There is, however, one tremendously important but intangible event that, in my opinion, constitutes the most significant development in nursing. This needed no treaties, no funds, no agreements—it simply happened because it was inevitable. It is the recognition of the essentiality of nursing in providing health services for the people of the world. To be sure, we have always said that nurses were needed in hospitals, in public health programs, in industry, and in other areas. But only recently has the nurse been recognized as essential in the development of adequate health services if the peoples of the world are to be served adequately. There is considerable evidence to support this now accepted fact.

We know that the development of nursing in any country is limited to a great extent by the state of development of that nation's medicine and public health. However, as the World Health Organization Expert Committee on Nursing has stated, in countries where medicine is highly developed and nursing is not, the health status of the people does not reflect the advanced stage of medicine. Nursing, therefore, becomes essential to the vitalization of any health program.

In 1948, at the meetings of the First World Health Assembly, only one country included a nurse as a member of its delegation. Eight years later at meetings of the same agency, 20 countries sent a nurse as a member of the delegation. This is a momentous change and a challenge to nursing.

In 1949 the United States included a nurse as one of the three advisers to the United States

delegation to the meetings of the United Nations Commission on the Status of Women, held in Beirut, Lebanon. Since those meetings, whenever the agenda of the United Nations Commission on the Status of Women included items on the health of mothers and children, either a nurse has been a member of the United States delegation or a nurse's advice on agenda items was sought. The United Nations Commission on the Status of Women has also given support to nursing in member countries.

At the Ninth World Health Assembly in 1957 the theme of the technical discussions was "Nurses: Their Education and Their Role in the Health Programs." Preliminary reports on which these discussions were based were received from 33 countries, and all members of each country's health team participated in the preparation of the papers and in the discussions. From the many significant statements in the final report of these discussions, one or two will suffice as evidence of the essential role of the nurse. One statement says that "all countries recognize the need for post-basic study for graduate nurses so that they are prepared to hold positions as nursing administrators, supervisors of nursing services, teachers in schools of nursing and for certain clinical specialties." In other words, it is recognized that nurses can and must assume the responsibilities for nursing.

Another entire section deals with conditions which limit the effectiveness of nursing service in the health program. It is significant that the member countries recognized the need to study those conditions that detract from the concept of the essentiality of nurses and those that can be changed.

In May 1957 the International Council of Nurses held its Eleventh Quadrennial Congress in Rome. This is really not an unusual event, since these congresses are usually held every 4 years. But it is important that 9 new countries were admitted to full membership and 5 countries were admitted as associate members. Thus nursing representatives of 51 countries gathered to share experiences and to speak for nursing. At this congress the report of the WHO technical discussions of 1957 was cited constantly as an authoritative source, and many



Visiting nurse aide explains simple rules of health to a family in Brazil.

were the reports of changes based on the recommendations in the WHO report.

Growing Responsibilities

And, with regard to the matter of nurses' speaking for themselves, in many countries a nurse has been appointed to a position of responsibility in the Ministry of Health. In two countries, Sweden and Finland, nurses are members of parliament.

Let's look at the Middle East for a moment and note some of the changes in that part of the world.

The School of Nursing of the American University of Beirut inaugurated a postgraduate course in public health nursing in 1954. The graduates of this course have already influenced public health nursing practices in the surrounding Arab countries. But, in Iran in 1951 nursing was in a sad state. The quality of nursing education was poor; services were lacking or

inadequate; and the midwife enjoyed a prestige far beyond that of the nurse. In the past 2 years, there have been some notable changes, demonstrated most dramatically by the shift in status of the midwife vis-a-vis the nurse. Now midwives are asking for the opportunity to obtain their basic nursing training so that they can compete more favorably with nurses and nurse-midwives. In 1956, Iran held its first nationwide conference on nursing, inviting to it internationally known leaders in nursing. At this conference, for the first time, the Iranian nurses took a good look at their professional position and, as a result, drew up plans for legislation, educational standards, and organization of nursing services.

In Jordan, within a period of 6 months, the right to vote was granted to certain women; the first national conference on nursing was held, and the Jordanian Nurses' Association was formed. In Damascus, the school of nursing in the university is moving ahead steadily,



The baby helps train Greek student nurses to become "substitute mothers."

with Syrian nurses in the key positions. And in Egypt, a school of nursing has been established in the University of Alexandria.

The countries in the Far East are also moving ahead in the development of nursing. Taiwan has started a university school. Japan is pushing vigorously ahead. India is leading the way in many respects. And the gentle Vietnamese, in whose country nursing education was nothing more than an apprenticeship a few years ago, are increasing their 2-year course to 3 years, and Vietnamese nurses are directors of two branches of the National School of Nursing located in Saigon and Hue.

Developing Professional Role

If we consider regions rather than individual countries, we can certainly say that Latin America has advanced more rapidly than any other region of the world. Last year, the Brazilian nurses realized that they knew too little

about their professional situation and felt that nursing was at a stage of development where they must decide which road it would follow. So the Brazilian Nurses' Association undertook a survey of the nursing resources of the entire country. This important survey will be completed in June 1958. Considerable useful and revealing data have come from this survey already. Other countries are beginning to look at their own nursing resources more carefully as a result of the Brazilian study.

Another significant mark of progress in Latin America is the thorough scrutiny of curriculums which is now going on in many schools of nursing. Formerly, the better schools quite clearly reflected British or American patterns and influences. But in recent years the conviction is growing that these are not good enough because they do not prepare the nurses adequately for the health problems peculiar to their own areas. As an example, courses in teaching and supervision are being introduced in the third year



Giving typhoid immunizations is part of this student's course in public health nursing at American University of Beirut, Lebanon.

because the graduates, however young and inexperienced, are called on to assume positions of responsibility in teaching and supervision. This situation will probably remain unchanged for some time to come.

In many countries, midwifery, including maternal and child health, and basic nursing are still separate professions. This concept is now changing with the recognition of the importance of midwifery and maternal and child care as a part of the education of the nurse.

Another significant improvement is reflected in the marked increase in the number of articles on nursing written by Latin American nurses, and in their growing interest in the writing of nursing textbooks. Such textbooks, made available in Spanish for all nurses, will release them from dependence on translations of Eng-

lish and American textbooks, which may or may not apply to their situations.

The nursing profession is becoming interested and actively engaged in various aspects of research. Last year, the Florence Nightingale International Foundation held a 2-week seminar on research at Sévre, France, the first of its kind. Representatives of 20 countries participated, each reporting on some special study going on in her own land.

The International Labor Organization, a specialized agency of the United Nations, has undertaken a worldwide study of the employment and working conditions of nurses. The ILO states that the objective of the study is "to obtain the fullest possible information on the social and economic status of nurses throughout the world."

Lest I mistakenly leave you with the impression that nurses alone have brought about all these changes, I shall mention a few other forces and factors that have played an important role. Among these are the spread of the emancipation of women, the expanded educational opportunities for girls, the number of girls receiving advanced schooling, the creation of new nations with their developing health services, the tremendous cultural and sociological changes in some areas of the world, the great ease of com-

munication which facilitates the exchange of ideas, the dramatic technical and scientific advances, and the pressures brought to bear by the masses for improved health services. In this complex and changing world, particularly in the East, women today in different degrees are playing a vital part, no longer content to be merely bystanders and recipients of the benefits of change, but demanding that they be allowed to work creatively in their own environment to help form a new society.

Perinatal Mortality Conference

If avoidable perinatal mortality is to be reduced, a new philosophy and a new approach to the education of doctors, nurses, and patients are needed. This was the consensus of a conference followup of the New York Academy of Medicine's 1955 study of mortality among infants from the 20th week of gestation through the 6th day after birth.

The conference at the Academy on October 29, 1957, was sponsored by official and voluntary agencies and representatives of the medical profession. Specialists in obstetrics, pathology, anesthesiology, nursing, hospital administration, social work, preventive medicine, and public health education participated.

Group discussions of questions raised by the study of 955 perinatal deaths in New York City led to recommendations for improving maternity care and reducing infant deaths.

Prematurity, the cause of two-thirds of perinatal mortality, could be lowered by strengthening prenatal care; prescribing nutritional supplements according to the mother's needs, just as medication is prescribed; doing more social case work among expectant mothers; avoiding meddlesome obstetrics and elective inductions of labor; and prohibiting active physical work for women with small heart volume and low hemoglobin. The conferees

also pointed out that prematurity is expensive; in a municipal hospital the care of a premature baby costs \$360, a full-term infant, \$100.

The specialists listed what hospitals and maternity clinics can do to reduce perinatal mortality.

They recommended that hospitals should emphasize the needs of people as much as the acquisition of skills in teaching interns and house physicians; provide 24-hour supervision with the supervisors aware of the background of each patient in labor; encourage mothers, once they return home, to telephone for advice; assign a staff member to answer their calls; and discuss current perinatal mortality regularly at staff meetings.

They also said that hospital maternity clinics should be encouraged to use more social workers and nurses trained in midwifery; set up appointments to reduce patients' waiting time, and use waiting time in the clinic for prenatal education.

The conferees further suggested that information about childbearing be made part of every young person's education and urged more research in habitual abortion, endocrine imbalance, physiology of the uterus, and physiology and function of the placenta.